## PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number

Effective October 1, 2003

18035 USA

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
<del></del>	3: A!MC		(Column	<u>i 1)</u>	(Colu	umn 2)	ι,	TYPE [		OR	SMALL	ENTITY	
T	OTAL CLAIMS			id				RATE	FEE	]	RATE	FEE	
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TC	OTAL CHARGEA	ABLE CLAIMS	(O mir	nus 20=	* 0			X\$ 9=		OR	X\$18=		
	DEPENDENT CL		Y mi			X43=		OR	X86=	86			
MU	JLTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				l	TOTAL		OR	TOTAL	850	
	С	LAIMS AS A	MENDEL	) - PAR	TII			OTHER THAN					
_		(Column 1)		(Column 2) (Column 3				SMALL	ENTITY	OR	SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
<b>AMENDMENT</b>	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	·	
AME	Independent	*	Minus	***	~:	=	] [	X43=		OR	X86=		
	FIRST PHESE	ENTATION OF MU	JLTIPLE DEF	,ENDFix1	CLAIM		, [	+145=	÷	OR	+290=		
								TOTAL		ا <sub>مم</sub> ا	TOTAL		
					ADDIT. FEE		OR ,	ADDIT. FEE					
		(Column 1)	:	(Colum		(Column 3)	, L						
ENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=	] [	X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	- C: A184	=		X43=		OR	X86=		
	FIRST PRESE	ENTATION OF MU	LIPLE DEP	ENDENT	CLAIM	<u> </u>	, [	+145=		OR	+290=		
										OR ,	TOTAL ADDIT, FEE		
		(Column 1)		(Colum	nn 2)	(Column 3)	^	DDIT. FEE	,	,	ADDII. FEE		
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		. =		X\$ 9=		OR	X\$18=		
AME	Independent	<u>i</u>	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
* If the ntry in column 1 is less than the ntry in column 2, write "0" in column 3.										L	TOTAL		
** [1	If the "High st Nun	mber Previously Pai Imber Previously Pai	id For IN THIS	S SPACE is	less than	n 20, enter "20."	. AI	DDIT. FEE		OR A	ADDIT. FEE		
		nber Previously Paid					er foun	nd in the app	ropriate box	in colu	umn 1.		